

HOMELESS NO MORE

A Strategy for Ending Homelessness in Washington D.C. by 2014

**Anthony A. Williams
Mayor**

**Neil O. Albert
Deputy Mayor for Children, Youth
Families and Elders**

December 2004





ANTHONY A. WILLIAMS
MAYOR

Dear Stakeholders:

It is my pleasure to present *Homeless No More*, a plan to end homelessness in Washington, D.C. by the year 2014. At the top of this plan is a clear vision of what we intend to do: "To improve the quality of life for all residents of the District of Columbia by preventing and ending homelessness within ten years."

That vision means all of us have a stake in making this plan succeed. Ending the social and economic scourge of homelessness - rather than just continuing to manage it - will benefit not only those who suffer the problem personally, but will also improve the quality of our neighborhoods and the experience of all residents and visitors.

A city that acts to make room inside for its most vulnerable citizens fits squarely within our Comprehensive Plan and its vision for "growing an inclusive city." The 6,000 units of affordable housing called for in *Homeless No More* will be an important part of creating new, inclusive communities that meet both the material and social needs of our residents. Responsive mainstream city services wrapped around the new affordable housing will help people get housed, stay housed and thrive.

The plan recognizes that ten years from now some are likely to become homeless, but no longer will they get stuck in that condition. Their crisis will be of short duration and focused on rapid re-housing. We expect to accomplish much over the coming decade by transforming lives, setting higher expectations of government and consumers, supporting these expectations by bettering our services, and helping homeless people move beyond their current status to enjoy full status as contributing District citizens.

The plan is based on the recommendations of a broad spectrum of city and business leaders, homeless service providers and advocates, philanthropic partners, and homeless people who worked together over the past year to produce it. I thank them all for their hard work, and I look forward to the work we shall do together to end homelessness.

Sincerely,

A handwritten signature in black ink that reads "Anthony A. Williams".

Anthony A. Williams
Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Deputy Mayor for Children, Youth, Families and Elders

Neil O. Albert
Deputy Mayor



Dear Stakeholders:

Mayor Anthony Williams' *Homeless No More* initiative presents a new beginning in how our city approaches the difficult social and economic problem of ending homelessness. As Deputy Mayor directly responsible for the city's health and human services agencies, I already have begun to embrace a new set of policies, establish new facilities and create new services that right now are improving the lives of homeless people.

Along with my cluster agencies, I look forward to working closely with city and federal colleagues in housing, economic development, education, employment, public safety and property management to carry out the three central policy directives of this plan:

1. Increase our homeless prevention efforts using local and federal resources;
2. Develop and/or subsidize at least 6,000 new units of affordable, supportive permanent housing by 2014; and
3. Actively coordinate mainstream social services for homeless Continuum of Care residents.

Even as this plan was being finalized and readied for publication, I am happy to report, several initiatives were underway that already have improved the quality of our facilities and added new services for protecting the lives of our homeless people:

- Hundreds of new beds were brought on line for the 2004-2005 winter season;
- The FY 2005 Continuum of Care budget was increased;
- The city's first inpatient substance abuse treatment program for Latinos was opened in partnership with Neighbors Consejo;
- Two outworn shelters have been replaced with two newly-renovated facilities that provide better accommodations enriched with on-site mainstream services;
- A "housing first" program for chronically homeless adults was initiated in partnership with the D.C. Housing Authority, issuing Section 8 vouchers for permanent housing;
- A dialogue with downtown business people and other stakeholders has been established to chart a course for serving homeless people who frequent the downtown area;
- Major renovations have been undertaken at the Federal City Shelter; and
- Planning has begun for new permanent supportive housing at two sites.

Homeless No More is a blueprint for action. I look forward to working to improve the lives of our homeless brothers and sisters, along with the broad spectrum of city and business leaders, service providers and advocates, philanthropic partners and homeless people whose work is reflected in this plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil O. Albert".

Neil Albert

Overview

Homeless No More emerged out of more than a year's work by Mayor Anthony A. Williams' "Focus Group on Access to Housing for Homeless and Very Low Income Persons" and its committees. The Focus Group engaged a broad spectrum of city and business leaders, homeless providers and advocates, and homeless people in planning discussions. Its recommendations became the basis of further work by the Mayor's Policy Academy Team ("the MPACT team") that came together for three days in Denver in October 2003 for the federally sponsored Policy Academy 5. On June 16, 2004 the Mayor issued a draft plan for public comment that recommended three long-term policies to end homelessness.

1. Increase homeless prevention efforts within local and federal government.
2. Develop and/or subsidize at least 6,000 net additional units of affordable, supportive permanent housing to meet the needs of the city's homeless and other very low-income persons at risk of homelessness.
3. Provide wraparound mainstream supportive services fully coordinated with Continuum of Care programs and special needs housing.

District citizens who attended five public hearings – as well as written comments from homeless providers, consumers and advocates – soundly endorsed the three basic objectives of this plan.

Mainstream public agencies and services will re-tool to work better for persons who are homeless. Emergency shelters will be replaced by easy-access, rapid-exit "homeless assistance centers" founded upon a new social contract. Those who can help themselves will take personal responsibility for their self-sufficiency and be helped to achieve this through on-site, mainstream case management, clinical, and employment services. For those who need ongoing support, the city and its service delivery partners are committed to helping them achieve their highest level of self-directed living. The city will offer "housing first" options to move individuals and families quickly and directly to permanent housing where they will be supported by transitional, community-based services until they are beyond their crisis. For those with serious disabilities and long histories of homelessness, the District will offer "housing plus" options that provide immediate placement along with a commitment of ongoing support for as long as necessary.

The Mayor will convene an Interagency Council on Homelessness to continue engaging providers, advocates and the public at every step along the way of this plan's further development. Responsibilities inside District agencies, including annual and long-term budgets to achieve this plan, will be hammered out at this table. The Interagency Council will create cross-systems strategies within D.C. government to end homelessness and publish an annual report on how the plan is progressing.

Transforming lives, establishing higher expectations, supporting these expectations with better services, and helping homeless people move beyond their current status by making the *end of homelessness* our city's objective – these are the essentials of what this plan is all about.

Homeless No More:

A Strategy for Ending Homelessness in Washington, D.C. by 2014

“This plan – ‘Homeless No More’ – can work. I know it can.”

“You can only finish the race if you begin.”¹

The Vision: *To improve the quality of life for all residents of the District of Columbia by preventing and ending homelessness within ten years.*

Mayor Anthony A. Williams has decided to move ahead, beginning in FY 2005, with the task of ending homelessness in Washington D.C. To do so, the city is undertaking a two-fold strategy that will entail deep, substantial and immediate initiatives to improve existing services for homeless people while also launching long-term initiatives that hold the promise of ending homelessness as we now know it within 10 years. At the end of the 10-year period there are still likely to be people who experience homelessness, but their homeless crisis will be of short duration and focused on rapid re-housing. Homelessness as we now know it – with too many individuals stuck in shelters or on the streets, too many families seeking affordable housing through a shelter system, and a shelter system set apart from mainstream systems of community care and neighborhood-level supports for people in crisis – will be a thing of the past.

The city will respond effectively to its citizens who face a homeless crisis, but no more will it offer individuals only a bed in an overnight shelter or families an apartment or congregate shelter where every other family is homeless. Most importantly, the city will act to end altogether the tragedy of disabled and vulnerable people living in the streets or permanently in congregate shelters. The facilities and beds that remain at the end of ten years will be tightly woven into the mainstream safety net for persons living in poverty, and they will be compatible in design and operations with the neighborhoods in which they are located.

The strategies and actions in this plan pay special attention to ending “chronic homelessness” among long-time homeless persons with disabilities, yet they also point to major new resources of affordable housing for working poor individuals and families and to a quality of life that will make the District a more livable and attractive city that works for people at all income levels.²

Ending the social and economic scourge of homelessness over the next ten years will benefit not only those who suffer this problem in their persons – helping them to achieve a higher quality of life – but will improve at the same time the quality of our neighborhoods and the experience of our city's residents

as a whole. There will be benefits for everyone. From our business communities to our residential neighborhoods, all residents and visitors will enjoy a city that makes room inside decent temporary lodgings and provides permanent affordable housing for the poorest of its poor.

Ending homelessness will not require ending poverty in its entirety. The end of homelessness can be achieved through a careful re-tooling and better use of our mainstream public systems that help people in need. With the full cooperation of nonprofit and faith-based providers, business leaders, and others who are willing to partner with city and federal government, ending homelessness is something we can do.

Ending homelessness will involve identifying and overcoming the economic, social and bureaucratic barriers that have frustrated past attempts to bring the homeless poor into not only our shelters and housing, but into our communities where we live and work. It will involve a dramatic increase in affordable housing – setting a goal of supporting at least 6,000 net new units over ten years – focused on preventing and ending homelessness. These new units, coupled with sustained wraparound supportive services from public systems of care, will benefit about 2,000 adults and 500 families who face the deepest challenges to independent living, people whose homelessness is chronic and repetitive. Yet thousands of others who suffer a temporary crisis and end up coming to a homeless shelter also will benefit. At the entry level to the homeless care system this plan proposes the transformation of every shelter into a “homeless assistance center” that will place a premium on getting people rapidly re-housed, bringing on site the public services that will help make their experience of being homeless a short one and not to be repeated. Yet it also proposes at least 1,000 affordable units for adults and 2,500 affordable units for families whose major problem is extreme poverty; by doing so this plan will prevent these persons from ever having to enter a homeless shelter.

Over the past decade the city and homeless service providers have learned a great deal about creating a “Continuum of Care” for homeless people. That experience yielded valuable lessons for the helping professionals in our mainstream systems of care with respect to serving people with multiple and deep needs. It is now time to start moving beyond a specialized

Continuum of Care labeled “homeless people only” or else run the risk of perpetuating “homeless” as a permanent social status. Instead we will integrate and blend into our mainstream agencies what we have learned from the Continuum about what works to prevent and end homelessness one person, one family at a time. The large public systems that have to some extent been part of the problem are absolutely essential to crafting the solution. This plan creates the means to bring these systems to the planning table to create a new system of community care that puts living in shelters and on the streets behind us once and for all.

When there are no more men and women living in the streets of Washington, D.C., when every chronically homeless person has been housed, when every person or family facing a housing crisis can find immediate help to stay in their home, and when every person or family that does lose their home can find a decent place to stay for a short while – in neighborhoods all across the city – then homelessness as we now know it will be ended and the objectives of this plan will have been achieved.

Why Ten Years?

Ending homeless as we now know it can be done but will not be done overnight, although some consumers engaged in the public comment period for this plan understandably asked why it should take so long. Not everything will take ten years, and a good deal of what is in this plan is already underway, but the conversion from a homeless “Continuum of Care” system to a system of community-based care supported by mainstream public systems and their private sector partners will be challenging. It will take some time because the underlying conditions of poverty and disabilities and housing costs that cause homelessness must be addressed, because the housing objectives will require much more than simply “pulling off the boards” from vacant housing, and because the homeless system as it has been built over the past 20 years must be carefully deconstructed and rebuilt into a new system to avoid additional hardships for consumers. The task now is less about keeping what has been built to ameliorate homelessness and more about taking creative steps to end homelessness. Achieving the objectives of this plan will require positive, forward looking leadership from District government, empowered and aided by the cooperation of business leaders, citizens, advocates and other stakeholders who are endeavoring to end homelessness. As one leading researcher on homelessness has noted, “two key factors emerge as crucial in whether communities make progress on these goals – a clear vision of where they want to go and sustained leadership.”³

The Planning Process

On January 13, 2003 Mayor Williams convened a new homeless policy planning group co-chaired by deputy mayors responsible for the city's health and human services agencies (the Office of the Deputy Mayor for Children, Youth, Families and Elders or ODMCYFE) and its housing, economic development and planning agencies. *The Focus Group on Access to Housing for Homeless and Very Low Income City Residents* (Focus Group) set about the task of developing recommendations both to improve the current homeless Continuum of Care and to develop a plan to end homelessness in Washington, D.C. within ten years. Subcommittees of the Focus Group produced comprehensive recommendations including: replacing outworn shelters with new facilities; developing new interagency approaches to delivering wraparound mainstream services; and creating new public and private financing tools to underwrite an increase in the stock of permanent affordable housing for the homeless and low-income households at risk of becoming homeless. A committee formed before the Focus Group came into being also delivered recommendations for reforming the legal framework of homeless services.

The recommendations of the Focus Group and its committees are reflected in this 10-Year Strategy and Action Steps. They were amplified and refined by the Mayor's Policy Academy Team (or “MPACT” team), under the leadership of ODMCYFE, that came together in Denver on October 27-29, 2003 for the federally sponsored Policy Academy 5. The MPACT team established three basic goals for the District's 10-year plan to end homelessness, which the Mayor has accepted as the centerpiece policies of the city's 10-year plan.⁴

- 1. Increase homeless prevention efforts within local and federal government.**
- 2. Develop and/or subsidize at least 6,000 units of affordable, supportive permanent housing to meet the needs of D.C.'s homeless and other very low-income persons at risk of homelessness.**
- 3. Provide wraparound mainstream supportive services fully coordinated with Continuum of Care programs and special needs housing.**

In short, keep as many people as possible from becoming homeless in the first place through direct prevention efforts and increasing the supply of affordable housing, and enrich the homeless Continuum at all levels with supportive services that rapidly re-house persons with and without special needs, changing the focus of the city's efforts over time from a “shelter first” to a “housing first” model that ends homelessness.

In order to achieve these goals, three implementation strategies will guide the work of the District government and the community-based organizations with which it partners.

- ☐ *Implementation Strategy A:* Interdepartmental coordination and cross-system policy implementation.
- ☐ *Implementation Strategy B:* Community education and community outreach to gain support for the 10-year plan and the “housing first” and “housing plus” approaches.
- ☐ *Implementation Strategy C:* Advocacy for reduction of federal and other barriers to delivering services and housing that can prevent and end homelessness.

Contained within these implementation strategies as action steps that comprise the initial agenda of the 10-year plan are commitments to establish an Interagency Council on Homelessness with appropriate authority to implement the 10-Year Plan, finalize regulations that fully support Continuum of Care programming and the specific objectives of the plan, improve data collection and data sharing to track the objectives and outcomes of the plan, create interagency budgets each year that are focused on ending homelessness, support local and regional discharge policies to prevent homelessness, and much else.

During a 30-day period of public comment that began with Mayor Williams releasing the draft plan on June 16, there emerged solid endorsement of the plan’s policy priorities from citizens, providers and consumers, along with many helpful suggestions for improving the specifics of the plan. The final plan reflects the public input in general terms, with specific recommendations to be taken up by the Interagency Council on Homelessness when that body is convened.

The basic elements of this plan will guide city policy, including the highest levels of city planning, so that the housing needs of people who experience homelessness, whether of short or long duration, and the social services needs are married in a way that achieves the vision.

Current Conditions

In 2002 and 2003 an estimated 16,000–17,500 people, our District neighbors, were homeless at some point during the year (annually), and as many as 2,000 of these are “chronically homeless” persons who lived either in shelters or on the streets throughout the year. At the last point-in-time enumeration undertaken on January 21, 2004 by the Metropolitan Washington Council of Governments (COG), about 8,250 persons were counted by public and private programs within the Washington, D.C. homeless Continuum of Care. About 6,100 of

these persons were *literally homeless* – i.e., on the streets, in shelters or in transitional facilities. The District’s count included (unlike all other COG jurisdictions) 194 families who were listed by family central intake as doubled-up, eligible for shelter because their situation put them at imminent risk of homelessness, and seeking relief from the homeless system or anywhere else they could find a route to permanent housing.⁵ It also included an estimated 315 persons who normally live on the streets, a figure that grows to about 500 persons in the warmer months. Another 2,150 persons were counted in 2004 as *permanently supported homeless* who are living within permanent supportive Continuum of Care housing whose homelessness has ended but could easily re-occur without the ongoing support.⁶

Over the last ten years, in response to such realities, the District and many private agencies have created one of the largest homeless Continuum of Care systems in the nation both to relieve the immediate suffering of people without shelter and help them with obtaining and keeping permanent housing. There are currently enough public and private beds to shelter or house about 8,875 persons, enough to serve 1-in-13 of all District residents living in poverty. A HUD report to Congress prepared by the University of Pennsylvania showed that the District has a rate of homelessness and shelter usage among single adults in poverty higher than New York City or Philadelphia. Another HUD report showed that the District’s Continuum has more Continuum of Care beds per persons in poverty than other major cities such as Boston and San Francisco.⁷

As displayed in the chart in Appendix B, the District’s publicly supported homeless system has not only grown in size, adding about 2,800 new beds since 1994, but has become more diverse in its composition and now offers more beds and services focused on ending homelessness one person, one family at a time. Improvements to the Continuum have been ongoing, and this 10-year plan includes strenuous new efforts to continue making the Continuum and its facilities get better from the entry level of emergency shelters to permanent supportive housing.

On an annual basis District agencies spend over \$25 million on programs targeted to the homeless, HUD contributes another \$15 million in McKinney-Vento Act funding, philanthropies contribute more than \$5 million, and private donations and faith-based programs contribute millions more.

Despite these investments of knowledge, energy, resources and dollars, homelessness persists in the District and has increased by about 10% since 2002 when including the addition of more permanent supportive housing that has become a larger component of the District’s Continuum of Care. The problem at the emergency end of the

Continuum, especially for families, has been exacerbated lately by the rising cost of rental housing and could get worse if the federal government continues in the direction of reducing its commitment to affordable housing. The D.C. Housing Authority has on its waiting list for Housing Choice Vouchers about 16,000 households who have claimed a homeless preference, a figure which indicates that over an extended period of time many households have faced a homeless crisis and, although the vast majority of these households are not currently homeless, nevertheless their wait for a housing subsidy continues.⁸

To deal with such issues and get beyond this recurring cycle of homelessness and seemingly endless allocation of substantial resources to ends far less than satisfactory, the Mayor is committing District government to build a neighborhood-centered, mainstream-funded, and housing-focused system to end homelessness as we now know it in 10 years.

Policy Objective #1: *A Greater Focus on Prevention*

The Action Steps in this Plan call for major new efforts to prevent homelessness from within the mainstream systems that provide services and housing to those most at risk of losing their homes. More emphasis will be placed on keeping people housed when they face evictions and doing that in a smart way that invests case management support along with cash assistance so that the crisis is addressed and resolved. Prevention efforts such as this will become ever more closely interwoven with neighborhood-based helping systems such as the Family Support Collaboratives within the child welfare system and One-Stop Centers that provide employment assistance.

As a first step toward increasing the emergency assistance response of the city, ODMCYFE, which oversees the city's human services, and the Community Partnership for the Prevention of Homelessness, the agency that manages the city's homeless Continuum of Care, will convene by January 2005 a committee that will conduct an environmental scan of all existing public and private emergency assistance programs, including the funds available to each and the most recent data on households assisted. The committee will make recommendations to the Interagency Council on Homelessness with respect to a sufficiently resourced Emergency Assistance program that assures that assisted households will retain their housing and get the help they

need to avoid a repetition of the housing crisis. To prevent homelessness among adults and unaccompanied youth, the Plan calls for the convening of a "discharge planning task force" made up of District and private agencies, including mental health, public health, corrections, youth services, social services and private for-profit managed care vendors, to craft homeless prevention strategies through appropriate discharge planning. Over a reasonable period of time all public agencies will be required to develop "zero tolerance" policies and procedures to assure that none of their consumers exit to a homeless shelter or the street.

This work is underway. DMH Director Martha Knisley convened the first meeting of the task force in September 2004 to lay out an agenda and identify staff within agencies who can take up the task of meeting regularly until a "Discharge Planning Policy" is developed for the Mayor's endorsement. In addition to the Community Partnership and large shelter providers who often receive persons from public and private institutions, the task force includes representatives from the Department of Health's Addiction Prevention and Recovery Administration (APRA), the Department of Employment Services with its lead role for reintegrating ex-offenders and helping people find jobs, Department of Corrections, Child and Family Services Agency, Court Services and Offender Supervision Agency, Unity Healthcare, and the Primary Care Association.

APRA, in addition to participating on the discharge planning task force, has established a subcommittee of MPACT that is taking on the development of additional homeless prevention efforts for persons disabled by substance abuse. APRA plans to increase its prevention efforts with hospitals and jails and to replicate best practice models for step-down transitional housing for persons exiting detox.

To prevent family homelessness, the Plan calls for the Department of Human Services through its Income Maintenance Administration and Family Services Administration to craft a closer collaboration between the homeless system and the welfare system. With over 70% of all families applying for shelter already on TANF, and most all other families eligible for TANF, the Income Maintenance and TANF system has the potential to become a critical line of defense to identify families facing a homeless crisis. The family's crisis can be assessed and resolved in the context of the family's responsibility, for those who are able, to move from welfare to work. This activity will significantly add to prevention efforts already in place that use HUD Emergency Shelter Grant funds and the DC Emergency Assistance Fund to provide rent and utility assistance to families facing eviction.

Policy Objective #2: *Housing is the Key*

6,000 New Units of Affordable Housing

Based on the MPACT recommendation, this plan commits the city to achieving the following housing objectives over the next ten years:

1. Building and/or supporting at least 3,000 net new units of Single Room Occupancy (SRO) or other modest, private and affordable housing for adults, and allocating up to 2,000 of these as supportive housing for chronically homeless persons with disabilities while 1,000 units can be used by working poor adults or unaccompanied youth without disabilities.
2. Building and/or supporting at least 3,000 net new units of affordable housing for low-income families, and linking these with community-based services for families both with and without special needs, with 500 of these to house families with long histories of homelessness.

Homeless No More establishes *permanent housing* as the major gap to be closed in the years ahead. The permanent housing in this plan is designed both to end the homelessness of some and prevent many other very poor people from becoming homeless in the first place. Some of the new units are planned to be “inside” a new system of community care, meaning that they will be permanent supportive housing with wraparound support services for individuals and families who need ongoing “housing plus” services to maintain stable housing. Other units are planned to be “outside” the system of community care, which simply means that they will be affordable housing that ends or prevents the homelessness of extremely poor persons at or below 20% of AMI. The plan calls for an estimated 12,900 additional beds in permanent housing for individuals and families to be added to the existing 2,543 beds in permanent supportive housing.⁹

Affordable housing is the key to ending homelessness, just as it is critical to improving the lives of all low- and moderate-income persons in the city. Thus this Plan’s housing goals are directly related to its vision – to improve the quality of life for all District residents. Affordable housing emerged from the Mayor’s Citizens Summit process as the #2 budget priority. The city’s revised Comprehensive Plan for ensuring an inclusive city recommends that affordable, supportive housing for special needs populations be available across all eight wards of the city. The Washington Interfaith Network

has acted to defend and to expand affordable housing. Housing activists over the past several years have recommended that the city seriously consider the establishment of inclusionary zoning to promote affordable housing and the reforming of the city’s rent control law so that low-income tenants’ “right to first refusal” is strengthened.

Clearly the housing affordability issue affects the whole city and is the subject of much public policy debate. In 2003 it took a \$23.42 per hour wage (381% of the \$6.15 minimum wage) for a District resident to afford a 2-BR apartment. This “housing wage” figure increased by 22% over the same figure for 2002 and at present a full-time minimum wage worker can afford no more than \$320 monthly for housing.¹⁰ For homeless people it is especially hard to afford housing since homeless adults have a mean income at 51% of the federal poverty rate and families have a mean income at 46% of the poverty rate.¹¹ In the District homeless people are counted among the extremely low income with an average income of about \$7,734 or about \$645 monthly. Although about three quarters of homeless people have some income either from employment or entitlements, for most of them it is far less than what is needed to afford a rental unit in the D.C. market.¹² For persons with disabilities who receive SSI benefits, the average monthly benefit is \$545, well below the average rents for any 1-BR apartment in the District.¹³

As much as homelessness and affordable housing are closely related, the solution to ending homelessness is obscured when it is conflated with the affordable housing problem in general. One researcher has estimated that the universe of need for more affordable housing in the District will require 3,600 units annually over the next two decades.¹⁴ This estimate, however, is based on all households with incomes below \$50,000, a figure that is five to six times higher than the extremely low incomes of the homeless population.

Not all households who need a subsidy to make their housing affordable are at risk of becoming homeless. The D.C. Housing Authority list of over 50,000 households awaiting affordable housing reveals only that these households are qualified for some level of subsidy to bring their housing cost down to 30% of their gross annual income. The DCHA wait list figure does not isolate those households at extremely low income who are at high risk of homelessness. In fact, a household of one person can have an income as high as \$38,100 and still be eligible for a Housing Choice Voucher, and a family household with three persons (fairly typical of the average size of a homeless family) can have an income as high as \$48,950.¹⁵

Will 6,000 units be enough to end homelessness as we now know it? How was this figure derived? What makes it a plan to end homelessness? These questions were raised by several who commented on the draft plan.

The answer is that 6,000 net new units of affordable housing will be a good start toward the desired objectives of this plan. The challenge of meeting this objective is one that deserves widespread support to make it happen even if some think it may not be enough. As one homeless provider stated in a written comment, "You can only finish the race if you begin." These units will make a solid beginning.

Still, there is another way of understanding what 6,000 net new units of affordable housing can accomplish when they are considered within the context of all publicly-funded units and beds that will remain in 2014 as part of a new "system of community care" that will replace a set-apart homeless Continuum of Care. When the full context is understood, this plan projects enough beds within a system of community-based care and additional affordable housing that will shelter an estimated 18,960 District citizens.¹⁶ This figure is higher than the total annual count of persons who used publicly funded homeless Continuum of Care beds for the past five years and means that the planned new system could serve almost 17% of all persons in the District who are now living in poverty.¹⁷ It does not include another 1,726 beds that are currently operated by private agencies with no public funding. If these private beds are factored in with the public ones, the projected size of the public and private system to serve homeless persons will shelter or house over 18% of those persons living in poverty.

Since it is rare that the annual rate of homelessness among people living in poverty exceeds 10% in large urban areas, the MPACT team concluded that the new system should be adequate to meet the needs. Obviously, this will be a living plan and subject to modification if the need is greater than anticipated, but, 6,000 units makes a good beginning.



New York Avenue Homeless Assistance Center

"Housing First" and "Housing Plus"

For the past year city leaders, the Community Partnership and dozens of stakeholders have been looking at what other cities are doing in terms of best practices, formulating this plan and undertaking some of the first steps toward ending homelessness in the District.

The key as noted above will be substantial new production of affordable and supportive housing, coupled with major new institutional strategies to prevent homelessness. In fact these two goals will converge as more affordable, supportive housing becomes the best form of preventing the most vulnerable persons from falling back into homelessness and prevents extremely low-income working poor persons from having to enter a shelter in the first place.

This plan moves the District away from its current reliance on emergency shelters and toward a day when it can offer "housing first" options to homeless people, even to those who face the most serious challenges to obtaining and keeping housing. Emergency shelter for too many families with children, not to mention too many adults and youth, has proven to be one of the least effective, and even in some cases injurious, options for dealing with the housing crisis. While there is room for improvement in the conditions of emergency shelters, and improvements to facilities and programs are ongoing, the fact remains that the city can do much better than offering emergency shelters. Therefore this plan envisions that homeless people will move directly to permanent housing and be supported by community-based transitional services until they are beyond crisis and not likely to need further assistance.

The "housing first" approach will coordinate well with the city's investment in "strategic neighborhood target areas" where the Mayor is supporting the development of affordable housing and investments in small businesses that provide living wage jobs. Many of these are the same neighborhoods from which most homeless families and adults come. Neighborhood-based social services will become more and more the safety net for families and adults in crisis. They will be backed up by the District's mainstream health and welfare agencies. The "housing first" approach will also work well for families and able-bodied, able-minded adults - men and women out of work and needing jobs, the working poor, or persons in recovery and needing just a little support. The targeted investments in communities, nonprofit services, business development and good jobs will end homelessness for many adults.

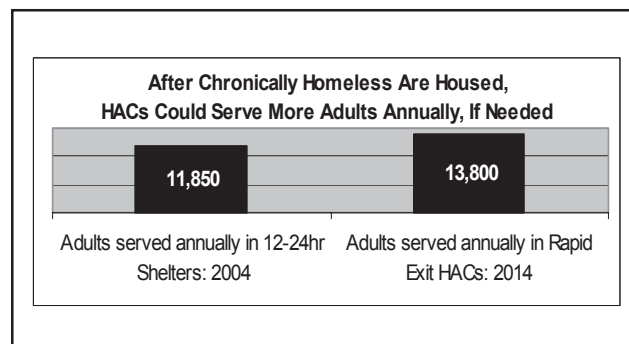
For a smaller number of persons, the chronically homeless single adults with deep disabilities and long histories of homelessness, or for families with long histories of homelessness, the District will offer “housing plus” with appropriate supportive services, in full partnership with District mainstream agencies that provide health, mental health, substance abuse treatment, employment and social services. Like the HUD “Shelter Plus Care” program, “housing plus” will marry affordable housing with necessary case management and clinical support services for the aged and disabled, for people struggling with addictions, HIV and mental illness.

“Supportive housing” works to end homelessness, even for those who have been homeless repeatedly. Evaluations of model programs and a major study in New York City by Dr. Dennis Culhane have shown that it costs about the same to house a mentally ill person with a decent quality of life as it does to maintain that person in a state of homelessness, on the streets and in shelters where they draw heavily upon multiple public systems.

None of this implies that persons with disabilities will be limited to the “housing plus” option or may only live where there is a “program,” since where persons choose to live will *never* be determined solely by their disability. It means only that housing *plus* ongoing supportive services will be offered to them. They may or may not accept services, but model programs around the country have shown that most persons with disabilities are willing to be engaged with services as time goes by because they see an improvement in their lives. The housing first option will be available to support people with disabilities to live where they choose – just as that is the case with the DMH Chronic Homeless Initiative already underway.

Reducing the number of chronically homeless adults in shelters by housing them will have another benefit. Over time the District will need fewer emergency shelter beds. Just as in Columbus, Ohio – where the Community Shelter Board discovered that about half of all emergency shelter resources (measured as “bednights”) are used by just 15% of homeless men, so in the District the Community Partnership has documented that about half of District emergency beds used daily are occupied by 10%-15% of the men and women who go through shelters on an annual basis.¹⁸ When the chronically homeless are housed instead of sheltered, the Homeless Assistance

Centers (HACs) with fewer beds will be able to handle as many or more adults than does the current shelter system. The District can maintain a smaller, less dense system of rapid-exit, decent, full service centers that will adequately serve people with a short crisis of homelessness, while most of chronically homeless people are successfully housed.



Housing and Service Needs of Families with Children, Youth and the Elderly

Respondents to the public comment draft of this plan suggested that the District should convene a special group to develop further its housing and service objectives for families and children. Others recommended that the plan include specific objectives for unaccompanied homeless youth, including young people who have aged out of foster care without stable employment and housing, those who wander from house to house and those who are known to the Child and Family Service Agency to be at risk of homelessness. Still others commented on the need to improve shelters and implement better quality control of programs and facilities now in service for these populations even as a new system is being built. One consumer activist put the point this way as she called for re-training staff to adapt to the direction of this plan: “We need staff to have a brand new outlook on helping residents to get out of the system.”¹⁹

Homeless families: In response to community input on families, this plan has grown to include many more specifics about what will be done. Work on this issue got underway when DHS Director Gilchrist convened a group of MPACT members and family providers (the Homeless No More Family Steering Committee) at the end of October 2004 to begin developing further the plan’s strategies and objectives for families with children. Over time this group will become a standing committee attached to the Interagency Council on Homelessness.

Homeless families with children have special needs, as do their children. Given that there is a well-established mainstream safety net for families, children and youth, it can be said as a starting point for further discussion that this plan envisions that solutions to homelessness for families will come from patching the breaks in the safety net. It will entail coordination with a variety of mainstream initiatives to help families, including the Children's Investment Trust and the city's Fatherhood Initiative. Better collaboration among public and private agencies that understand the needs of families will go a long way toward preventing homelessness in the first place. As Director Gilchrist stated at one of the public hearings on the draft plan:

Families are a priority for me, because I don't think families should be in shelters. I think if we have resources, we need to put them at the front end to do all that we can to prevent families from...going into a disillusioned atmosphere. We should do as much as we can at the front end. If we look across the government and where our money is being spent, we probably can do more if we concentrated on keeping families in the homes where they are.²⁰

As noted above, for those families with children who are already homeless or who may become homeless there will be an expanded commitment to "housing first" options. This will be augmented by a rapid-exit program that helps families with their first month rent and security deposit plus some tangible material needs so they can spend less time in shelter. This will work well for most families whose entry to the shelter system has more to do with their extreme poverty. This plan will create a system of community-based care, prevention and housing – nearer to schools, after-school programs and childcare – that supports families to live where they would like to live to the extent they can afford it.

For those families with long histories of homelessness because of problems such as substance abuse and mental illness, the city will still look to normal housing units as the best option for meeting their need for shelter, but will wrap around these units the mainstream supportive services needed to stabilize the family in this housing. For some such families this will be an ongoing need and others will eventually move beyond the need for support.

As a starting point, this plan calls for 500 of the 3,000 new family units to be service-enriched supportive

housing "inside" the new system of community care while 2,500 affordable housing units for families will simply be dedicated to ending and preventing homelessness for very- and extremely-low income families.

Short-term and long-term steps to house families will include:

- Leasing of multi-family apartments to provide permanent affordable housing for families.
- Conversion over time of family shelter apartments to the "housing first" model.
- Development of vacant and abandoned/hot property units as affordable family placements.
- An initiative to provide incentives for small building owners to renovate buildings and rent to families holding a Housing Choice Voucher (Section 8).
- Expansion of the "housing first" Community Care Grant program and a deeper partnership with the Family Support Collaborative Council to access market-rate housing.
- Adapting the Community Care Grant program to work with other kinds of public and private family support agencies such as CFSA and DCHA that will be able to access funds to provide either time-limited or permanent housing subsidies.



Gospel Rescue Ministries-Fulton House

Youth:

Unaccompanied homeless youth also present special needs. While prevention of homelessness is critical as youth age out of foster care, the problem is larger than that. There are many youth under the age of 21 without housing or in precarious housing who are not known to the child welfare system. They are not chronically homeless and most do not have serious disabilities. The housing first model will work for these youth, whether as a means to prevent some from aging out of foster care into a homeless shelter or as a means to move others out of youth shelters (or avoid shelter altogether) by providing transitional services in the context of obtaining their first permanent housing unit.



Christmas Time at Spring Road Family Shelter

The Elderly:

Finally, there is a need to allocate some of the new affordable housing to elderly homeless (55 years and older). Some of these will be counted among the chronically homeless who will need supportive housing, while others are men and women beyond their working years and on fixed incomes, yet not disabled. One answer to such needs will be HUD §202 housing dedicated to providing permanent housing to elderly persons in homeless shelters and transitional housing, while other units will be developed by mainstream agencies serving the mentally ill or persons with physical disabilities.

This plan calls for allocating 2,000 of the 3,000 new units for individuals to chronically homeless persons with serious disabilities. As a start, the plan calls for at least 200 of the 1,000 other units for individuals to be allocated to youth while 800 are allocated to working poor and elderly adults without serious mental or physical disabilities.

With the understanding that this is a living plan subject to modification, but that the modifications will be within the overall objective of at least 6,000 new affordable housing units, the table below summarizes the projected distribution of the housing units.

With just 2,500 of these planned to be supportive housing for persons with disabling conditions that are barriers to complete self-sufficiency, all the rest can benefit very poor persons without disabilities, undocumented persons, and other groups to be determined. As noted by the MPACT Team Coordinator at one of the public hearings when speaking of how SRO units and other housing first options will be allocated or who they will serve: “A large part of it will lie in the imaginations of the people who choose to develop some of these facilities.”²¹

Planned Distribution of Housing Units

A. Household Type	B. Units to be made affordable	C. Number of the units in Column “B” to be “supportive housing”
Chronically homeless adults, including elderly	2,000	2,000
Working poor and elderly adults	800	0
Unaccompanied youth under 21 years old	200	0
Families with children	3,000	500
TOTALS	6,000	2,500

Advocacy and Action to Preserve Affordable Housing

An important component of the District's success in reaching a goal of a net increase of 6,000 units over 10 years will be the actions of the federal government, especially the ongoing support of existing subsidized housing and increases to meet the expanding need.

The plan's success will require full funding of the Housing Production Trust Fund (HPTF) to create a stable and predictable funding stream that the Department of Housing and Community Development and nonprofit housing producers can count on. The HPTF will be used to continue the city's efforts to prevent homelessness by preserving the city's project-based §8 housing and to underwrite the substantial new affordable housing production called for in this plan. The city has prioritized the preservation of project-based §8 housing in the DHCD allocation of federal block grants and Housing Production Trust Fund dollars; in 2002 DHCD used block grant and HPTF funds to rehabilitate and preserve 843 affordable apartment units that had expiring §8 subsidies.²²

The city will consider the re-establishment of its own rental subsidy program if funds can be identified for that. Such a program would not only allow the District to help those who may lose their federal subsidy but could also extend help to persons who are ineligible for federal subsidies either because they lack American citizenship or might otherwise be considered ineligible for federal housing subsidies.

The city will focus its efforts on creating new affordable rental housing, but in the context of the self-sufficiency objectives that permeate this plan the city will work to support programs that lead to home ownership. There are good models already in place like the D.C. Housing Authority's "Housing Choice Voucher/Home Ownership Assistance Program" that can be expanded, replicated or adapted to work in concert with the new system of community care.

To encourage the full participation of the nonprofit housing developers and the philanthropic and business communities who are interested in supporting this plan, the Interagency Council on Homelessness will ask the Mayor to convene sometime in FY 2005 a "Special Needs Housing



A Major Challenge: Maintaining the Affordability of D.C. Housing

Summit.” The summit will involve top-level leaders within the public and private entities that will be essential partners in the production and management of housing for chronically homeless persons. A key purpose of the summit will be to identify and overcome barriers that exist in public and private financing of special needs housing. Churches, synagogues and other faith-based institutions that may have properties to develop will be invited to join in this process.

The city cannot afford to lose any of its existing stock of affordable housing and federal vouchers. Losses in affordable units could happen if the FY 2005 budget for HUD goes forward. The Center on Budget and Policy Priorities has estimated that the Administration’s proposed cuts in authorization for the Housing Choice Voucher Program (HCVP) could result in the loss of 2,720 HCVs in the District of Columbia by FY 2009. Other estimates suggest the losses of HCVs could climb as high as 6,000 by FY 2014. Whether cuts actually occur in FY 2005, it is clear that the important source of rental subsidy will require dedicated advocacy to protect and preserve.

In order for there to be a realistic chance of achieving the proposed net increase in affordable housing called for by this plan, the District government and affordable housing and homeless advocates will unite their voices in appealing to the federal government both to maintain and to increase subsidies for affordable housing. As incoming President of the National League of Cities in 2005, Mayor Williams will play an important leadership role in asking that the League include in its federal advocacy agenda this issue of full funding for the HCVP.

In addition there are other advocacy steps and actions that the city can take. For example, the city used its influence with HUD to support community activists working to preserve §8 housing in the North Capitol neighborhood.²³ The DC Housing Authority’s Board is examining a way to cushion the potential blow of losing millions from the HCVP program by negotiating lower rents with some of its landlords or setting a minimum rent while working closely with other city agencies to help families who cannot pay any rent stay housed.



Financing Sources for Housing Objectives, Short and Long-Term

The city has made a start toward marshaling the resources it will take to achieve the housing objectives of this plan. In addition, the city has ongoing efforts to improve household incomes through benefits and jobs so that most homeless persons can pay some portion of the cost for the new permanent housing units that are to be created.

- The Housing Production Trust Fund (HPTF), tied to a 15% share of real estate transactions and recordation fees, is expected to yield \$20-\$40 million annually for affordable housing, with 40% of the funds targeted to households with incomes below 30% of Area Median Income. As noted before, these funds are already being used to preserve project-based §8 housing, which conforms to the prevention objective of this plan.
- ODMCYFE and DHCD collaborate to seek proposals from developers for affordable special needs housing by combining HPTF funds, CDBG and HOME block grant funds, and the Low Income Housing Tax Credit program; they also encourage developers to seek competitive Section 811 funds for the disabled and Section 202 funds for the elderly; and in some cases DHCD will be a good source for the local match needed to obtain these funds.
- The Department of Mental Health has committed more than \$15 million in capital funds for development of supportive housing for persons who are homeless and mentally ill or at risk of homelessness.
- In neighborhoods undergoing vital commercial redevelopment such as Ward 1 where the La Casa Shelter is located, the city will endeavor to capitalize on development to support the creation of better shelters and supportive housing.
- The city will work with the National Capital Revitalization Corporation to identify properties for development or for sale that could support the housing objectives of this plan.
- The District and DCHA will explore the use of Annual Contribution Contracts as a means to underwrite the production of SRO and other housing units.
- The DC Housing Finance Agency has the authority to issue bonds for financing either large housing developments or a bundle of smaller developments; this will be a possible means to underwrite the costs of the housing in this plan.
- The Fannie Mae Corporation, the AFL-CIO Housing Trust, the Enterprise Foundation and the Local Initiatives Support Corporation (LISC) have expressed interest in supporting projects that will create affordable supportive housing and the city will encourage developers to seek funding from these sources; the Enterprise Foundation and LISC are willing to help with pre-development financing.
- Over time the funds that currently go to supporting emergency shelters will be redirected to support a portion of rental costs and services in permanent housing.
- DCHA is allocating 75 Housing Choice Vouchers to dually diagnosed homeless individuals in the city's Chronic Homeless Initiative. It will also work with the Community Partnership to track annually the issuance of HCVs to homeless families housed in emergency shelters, exploring ways to improve the assessment of which families have the greatest need and how HCVs for families can work in coordination with the objectives of this plan.
- To help with improving the incomes available for housing, DHS/IMA will maximize SSI enrollment and ensuing benefits.

These are illustrative and not an exhaustive example of what is being and will be done. The total cost of producing up to 6,000 units of affordable housing will become clearer as initial projects are funded and opened. It is clear now that the effort need not entail all new construction since the District has more than 2,700 vacant units of housing. The District funding sources listed above will leverage three to four times as much in private financing.

Policy Objective #3: Mainstream Services to Support the New System

An Interagency Budget

The District is committing itself with this plan to a new way of doing business that will involve collaboration between multiple layers of government, its social services and housing agencies and its economic development team. To move from managing homelessness to ending it will take new commitments of dollars and many other kinds of resources. The public actions in time will leverage substantial new private investment. Although the budgets for FY 2005 have already been set, DHS and all other departments providing services to homeless people will seriously consider supplemental budget requests to achieve the objectives of this plan. Once the Interagency Council on Homelessness is convened in early FY 2005, it will immediately take up the task of formulating a FY 2006 interagency budget for moving the plan forward.

Meeting Immediate Shelter and Housing Needs

With 6,100 literally homeless persons in the District as this plan is released, there is work of an immediate nature that is underway to expand and improve the shelter capacity of the Continuum of Care even as this plan looks to a day when shelters as we now know them will be a thing of the past. As the city transitions to a new way to end homelessness that over time becomes a system of community care, it remains committed to supporting a homeless Continuum of Care that currently offers 64% more beds than it did a decade ago.

During FY 2004 the District government began strengthening the existing system of services for homeless people, especially those persons most difficult to reach. The most striking example of that was the opening of the New York Avenue HAC and the commitments from mainstream District agencies to bring housing, mental health, substance abuse treatment, employment, physical health and veterans services on site. That facility is also taking the lead on a pilot program to offer rapid exit assistance to working men who could leave shelter sooner with a little cash assistance. That kind of work will continue and be stepped up as the city enters FY 2005 and other large shelters are converted to easy-access, rapid-exit Homeless Assistance Centers.

Replacement and/or upgrade of outworn shelters:

Among the first objectives of the plan will be the replacement or renovation of outworn and obsolete emergency shelters including all trailer-style shelters that were once a stopgap measure but have been in use for more than 15 years. Building upon the recommendations of the Joint Committee,²⁴ as modified by subsequent discussions, the city will replace or upgrade five emergency shelters with 720 beds into either HACs or permanent supportive housing. Some of the new facilities will include both a HAC component and SRO-style units suitable for providing temporary or long-term housing for chronically homeless persons, creating a residential setting around which mainstream supportive services will be wrapped. Other new facilities will be SRO-style permanent supportive housing with mainstream services. The improvements in physical space will help bring chronically homeless persons inside and improved services will help them move beyond shelters. Each HAC will have office spaces where mainstream District services will be offered on site. The District's Capital Improvements Plan has earmarked \$35.3 million in capital funds to upgrade and replace low-barrier shelters, as well as to build 270 SRO housing units by the end of FY 2007. Appendix C provides an overview of the scheduled upgrades and replacements.



Walking for Transitional Housing Corporation

Improvements in outreach and hypothermia services:

Outreach will continue to be improved, especially during the harsh winter months. In 2002 the Mayor ordered a new level of cooperation among city agencies to remove from the street mentally ill and inebriated persons who put themselves at risk of death by hypothermia. That will continue for as long as necessary. The Department of Mental Health (DMH) homeless services unit is already working to improve its street outreach efforts and exploring the feasibility of replicating in the District some elements of the best practice outreach and supportive housing efforts of Philadelphia that have substantially reduced street homelessness.²⁵ DMH, the DC Housing Authority and the Community Partnership have launched a housing-first chronic homeless initiative in partnership with HUD and the nationally recognized Pathways to Housing program of New York City, a national best practice that pioneered an evidence-based approach to ending chronic homelessness.²⁶ The program has already increased outreach in the downtown area. The Pathways to Housing-DC chronic homeless initiative will serve as the initial step in a longer-term strategy that will reduce the incidence of chronic homelessness by changing the mainstream housing and services system so that it becomes more accessible to and better serves men and women living in the city's shelters and on its streets.



Homeless Man at the New York Ave. Homeless Assistance Center Hypothermia season capacity for adults and families is being expanded in FY 2005 as the city continues its work to replace and upgrade its emergency shelter facilities. Deputy Mayor Neil Albert provided leadership for a group comprised of DHS, the Department of Parks and Recreation, DCHA, and the Community Partnership, homeless shelter providers and advocates to undertake comprehensive repairs and renovations across ten facilities.²⁷ Drawing upon the Capital Improvements Plan, these renovations will expand the hypothermia season capacity by at least 265 beds, bringing the total winter season bed capacity to at least 1,679 beds. The final configuration of all facilities and number of new beds in FY 2005 is still being determined as this plan is released, but the city's commitment is clear – there will be room inside during the winter for everyone who needs it.

Federal City Shelter: Utilizing \$12.5 million in capital funds, the city will repair and stabilize the 1,100-bed Federal City Shelter (FCS) facility, which is currently managed by the Community for Creative Nonviolence (CCNV), to keep it in service for at least several more years. It was clear in comments made by FCS consumers who attended public hearings for this plan that conditions inside the areas of FCS under the management of CCNV are in need of substantial and immediate improvements.²⁸ ODMCYFE, DHS and the Community Partnership have therefore undertaken an assessment of the physical plant and CCNV program operations toward the end of converting this facility to a safe and decent, mainstream-supported HAC over the course of FY 2005. The CCNV Board has agreed to seek professional leadership and to bring the FCS into the city's Homeless Management Information System (HMIS) in FY 2005. As to the longer-term uses of the FCS facility – a building with chronic physical plant problems due to its advanced age, this plan calls for the Interagency Council on Homelessness to establish a transparent public-private process for considering long-term proposals as to whether it is feasible to sell the building and use the proceeds to support the objectives of this plan.



Federal City Shelter

Using and Improving Mainstream Service Systems

A key element for ending homelessness is that public mainstream agencies and services must work better for the homeless population. Following are some significant steps, large and small, in the direction of mainstream system reforms that are already underway; and they serve as examples of what is yet to come:

- The Department of Mental Health has reorganized to deliver services through community-based “core service agencies” (CSA’s) funded by a Medicaid Rehab Option that provide a “clinical home” to all persons with a mental illness. Three of the new CSA’s have a strong focus on the homeless population. As DMH takes a lead role in formulating a citywide discharge planning policy, it is acting to ensure that its CSA’s and mental health crisis unit are in compliance with that policy.
- The D.C. Workforce Investment Council’s (DC-WIC) Five-Year Strategy approved by the Department of Labor identifies “hard to serve” target populations within the District – including homeless individuals. Presently, homeless individuals are provided services through the DC Networks One-Stop Career Centers, especially the Business Improvement District Satellite One-Stop Career Center at 945 G Street, NW, which offers temporary employment opportunities. DC-WIC recognizes that as homeless individuals take responsibility for changing their situation, the DC Networks One-Stop Career Centers can be helpful in delivery of numerous workforce education and training services to assist individuals in development of their basic and employability skills, obtain labor market information and other appropriate services and training to obtain employment.
- The Department of Employment Services (DOES) will provide employment counselors to Homeless Assistance Centers as it is currently doing at the New York Avenue HAC; and where the facility permits it, DOES plans to serve other persons in the neighborhood who are seeking employment from the HAC-based centers.
- The Mayor’s Task Force on Substance Abuse Prevention, Treatment and Control has issued a plan that the Addiction Prevention and Recovery Administration (APRA) is currently implementing to reduce the number of addicted persons in the District by 25,000 persons. The plan calls for expanding admissions for treatment by 2,500 persons annually, which should make it easier for homeless persons to access services.
- APRA recently opened the city’s first inpatient substance abuse treatment program for Latinos in partnership with Neighbors Consejo. APRA will expand the availability of low-barrier, residential sobering centers for chronically homeless persons who are actively abusing alcohol or drugs. It plans to place satellite outpatient treatment services in Homeless Assistance Centers and shelters. It will open a transitional living program for homeless substance abusers who have completed their residential treatment program. It will continue and expand its partnership with DMH to serve persons who are dually-diagnosed. It will expand the curbside outreach of its Project Orion mobile van program on the streets and at shelters.
- Unity Healthcare, Inc. operates at nine homeless facilities and as part of the DC Healthcare Alliance is able to offer uninsured homeless people primary care and greater access to private healthcare providers.
- The Child and Family Services Agency and the Community Partnership have entered into a Memorandum of Agreement to coordinate their respective efforts to prevent family homelessness and provide early intervention for children in families at risk.

Public Education Campaign

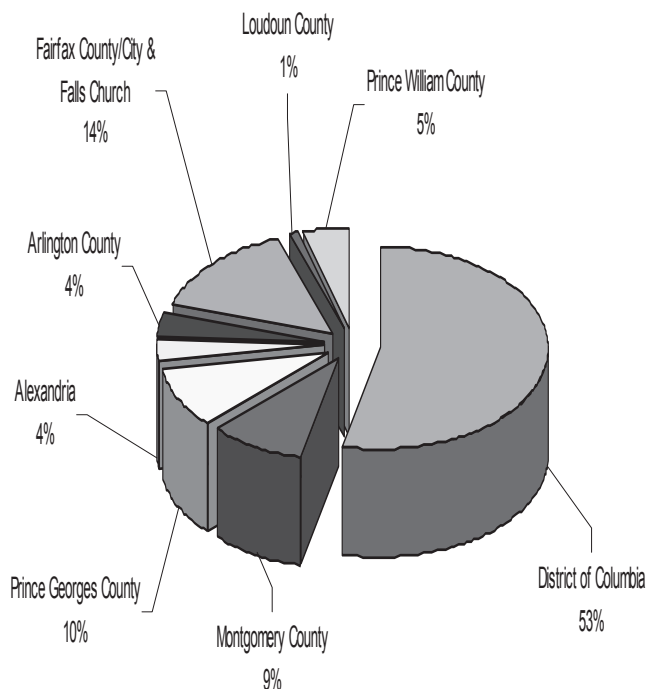
Implementation of a policy to end homelessness rather than continuing to manage it will require some changes in how the public sees the homeless problem and the city's response to it. The strength and power of some negative reactions to special needs housing or any facility that some might call a "shelter" is not to be underestimated, yet at the same time it can be overcome with education and patient accountability. The 10-year plan is intended to build community support by phasing out shelters and building or renovating decent, affordable housing that will blend well into neighborhoods. The Plan calls for the appointment of a high-level Blue Ribbon Advisory group of city officials, housing experts, philanthropies and community leaders to help with a public campaign to promote housing the homeless, to promote a policy of equitable development that assures the inclusion of affordable housing in neighborhoods all across the city, and to protect the right of disabled persons to live peaceably anywhere they choose in the city.

Regional Cooperation

To end homelessness in Washington, D.C. there must be a new level of cooperation between the District and its suburban neighbors. The task will begin with data. While about 78% of persons using District shelters (69% of adults and 96% of families) are from the District,²⁹ nevertheless there is overlap between the Washington area jurisdictions in the homeless that they serve, with that overlap most likely to be found among the chronically homeless. Homeless people go where they must to find shelter, and perhaps never more so than in the winter when the District opens hundreds of additional beds. Building upon the successful regional effort to conduct an annual point-in-time enumeration of the homeless population, the next step will be for MPACT team members to meet with Maryland and Virginia Policy Academy teams to share information about plans to end chronic homelessness. Given that all but one jurisdiction in the region are using the same client tracking software, it may be possible to identify how many clients are moving about the region and from that information come up with policy and programming to end chronic homelessness in the region.



Distribution of "Literally" Homeless Persons in the Washington Metropolitan Region: January 2004



Next Steps

The efforts of the 10-Year Plan will be supported by establishing within the first quarter of FY 2005 an Interagency Council on Homelessness to move this plan forward, which in turn will continue to engage providers, advocates and the public at every step along the way. The Interagency Council will establish a set of standing committees to do the work called for in this plan. The Interagency Council and its committees will be open to broad representation and participation by stakeholders, including people who are homeless, and a representative sample of large and small homeless providers providing shelter, housing and supportive services. The Interagency Council will hold at least one public meeting annually to report on the status of the 10-year plan and to solicit comments from stakeholders and citizens.

Although it contains many specifics, this plan stands more as a guiding framework and statement of policy direction than as a detailed roadmap of how it will be achieved. The initial Action Plan drafted by the MPACT team covers a three-year period. Its action steps will require a great deal of work to bear fruit and will need to be modified and improved on an ongoing basis.

The Interagency Council will deal with the necessities of creating cross systems strategies and data-driven means to create and measure the changes in how the city ends rather than just manages homelessness. It will grapple with the business of governing and the organizational necessities of turning plans and action steps into realities.

The action steps will be fine - tuned. The specific responsibilities inside agencies and the processes for constructing an annual and long-term budgeting strategy will be hammered out.

More prevention, more affordable housing, and effective delivery of mainstream services – all to the point of ending homelessness – that is really all that this plan is about. The proof of the plan will be in the doing, and that is how District citizens should judge it. It is meant to increase the means by which we prevent people from falling into homelessness in the first place. For those who are homeless or become so, it is meant to create a more rapid exit from the homeless system into permanent affordable housing with the highest possible degree of self-sufficiency. Along the way as people go through the system, and for some with deep disabilities that make independent living very difficult, the plan is meant to marshal wraparound supportive services that maximize and render efficient what every public agency has to contribute to ending homelessness.

Concluding that homelessness as we now know it will be with us always is not acceptable, and continuing to work around the margins of improving a Continuum of Care is not good enough. At the individual level and in terms of our public and private systems of care, this plan calls the District government and its partners to a day when the city has “no more homeless” and the quality of life for the formerly homeless and all our citizens has been dramatically improved.



Endnotes

- 1 Comments were made, respectively, by a formerly homeless person and a downtown outreach provider in response to reviewing the draft plan during the public comment period. Written and verbal comments from about 100 participants were overwhelmingly supportive of the basic objectives and strategies of this plan.
- 2 Appendix A contains a glossary of terms such as "chronic homelessness" as they are used in this plan and generally understood among practitioners who are formulating similar plans to end homelessness.
- 3 Dr. Martha Burt of the Urban Institute, article in *Street Sense* regarding her research into communities that have committed to preventing homelessness and ending chronic homelessness.
- 4 Appendix D contains a list of names and organizational affiliations of the MPACT Team and Focus Group members who contributed to the making of this 10-Year Plan.
- 5 The District has a serious problem with families who are doubled-up because of poverty, a problem that grew between 1990 and 2000 according to the US Census, but doubled-up is not the same as homeless. The families on the list at central intake are largely doubled-up and under stress to leave their current situation, yet they are a small fraction of the 18.8% of District renters who live in overcrowded housing.
- 6 See the Glossary (Appendix A) for a fuller definition of "literally homeless" versus "permanently supported homeless," a distinction necessary to track progress over time in ending "homelessness" as it is normally understood by the public.
- 7 *Evaluation of Continuums of Care for Homeless People* - Final Report, prepared by the Urban Institute for the U.S. Department of Housing and Urban Development: May 2002.
- 8 The 16,000 figure is almost three times the number of "literally homeless" who were counted on the street, in shelters and transitional housing in January 2004, so it is clear that the DCHA list is including households that were assigned a homeless preference sometime in the last several years. An important data collection task that lies ahead for this plan will be to look at which households on the DCHA list are currently homeless.
- 9 The 12,900 figure is derived from 3,000 beds/units for single adults plus an estimated 9,900 beds in family units if average family size is 3.3 persons.
- 10 *Out of Reach 2003: America's Housing Wage Climbs*, available online at www.nlihc.org
- 11 "Homelessness: Programs and the People They Serve - Findings of the National Survey of Homeless Assistance Providers and Clients - Highlights," by the Interagency Council on the Homeless.
- 12 Source: The Community Partnership for the Prevention of Homelessness.
- 13 *Priced Out in 2002*, Technical Assistance Collaborative and Consortium for People with Disabilities.
- 14 "An Equitable Housing Strategy for the District of Columbia," Margery Austin Turner: The Urban Institute Metropolitan Housing and Communities Center, Brief No.1, June 2004.
- 15 Source: www.dchousing.org
- 16 The 18,960 figure is the sum of 9,710 beds in the new system of community care and 9,250 beds in affordable housing for extremely low-income persons; from the second table in Appendix B.
- 17 The 2003 American Community Survey from the US Census Bureau estimates 19.9% of the District's population to be living below the poverty line, which comes to about 113,908 persons of the District's 572,400 total population. The 18,960 beds in a new system of community care could thus address the affordable housing need of 16.6% of all persons in poverty if the poor population does not increase dramatically over the next decade.
- 18 The data showing that a relatively fixed number of chronically homeless persons are using a disproportionate amount of emergency shelter resources are well established in the literature and confirmed by the District's January 2004 point-in-time enumeration that showed 45% of adults in emergency shelters as homeless for more than a year.
- 19 The remark was made about all shelters for adults and families.

- 20 Yvonne Gilchrist, speaking at the Martin Luther King Jr. Public Library: June 29, 2004.
- 21 Lynn French, speaking at the public hearing held on June 21, 2004 at the Chevy Chase Community Center.
- 22 *The Successful Revival of DC's Housing Production Trust Fund*: D.C. Fiscal Policy Institute, February 24, 2003.
- 23 "HUD Pledges Help, Time For Tenants Downtown; Agency to Work to Save Low-Income Housing:" Washington Post, June 9, 2004, p.B1.
- 24 The "Joint Committee" (see Appendix D) was part of the Focus Group process; the committee met over the course of several months to consider how to replace outworn shelters in an orderly fashion while maintaining or increasing bed capacity.
- 25 "The City that Knows How, Philadelphia Effort Stems Tide of Homelessness, Can San Francisco Learn From It?" -- The San Francisco Chronicle, June 13, 2004.
- 26 "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis," Sam Tsemberis, PhD, Leyla Gulcur, PhD and Maria Nakae, BA. American Journal of Public Health, Vol. 94, No.4: pp. 651-656, April 2004.
- 27 Facilities repaired or renovated are: the 801 East Building on the campus of St. Elizabeths Hospital, family units at DC General, more units for families at DC Village, the Franklin School Shelter (including the John Young Shelter for women), the New York Avenue HAC, the Federal City Shelter, Crummel Shelter, La Casa, Emery School Shelter and the Blair School Shelter.
- 28 The Federal City Shelter includes 750 beds and 50 staff beds that are managed by CCNV; it also houses the Open Door Shelter for women (126 beds), the John Young Shelter for women (100 beds), Clean and Sober Streets (a 120-bed substance abuse recovery program), as well as D.C. Central Kitchen, Jobs for Homeless People and Unity Healthcare clinic and infirmary.
- 29 Source: The Community Partnership's 2002 survey of 1,300 single adults and family heads of household in emergency shelters.

*Photos used in this publication were provided by the Coalition for the Homeless and
The Community Partnership for the Prevention of Homelessness*



November 2004 Fannie Mae Homeless Walkathon

Appendix A:

Glossary of Terms

Affordable Housing: Housing, either ownership or rental, for which a household will pay no more than 30 percent of its gross annual income.

Chronically homeless: (HUD definition): “An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.” Individuals who are in transitional housing or permanent supportive housing programs are not considered chronically homeless even if they have been in the program more than a year.

Continuum of Care: (HUD definition): A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

Emergency Shelter: (HUD definition): Any facility the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

Extremely low-income: is defined as at or below 30% of the area wide median income. For a single person in Washington, D.C extremely low income is household income below \$18,250; for a family of four it is income below \$26,100.

Homeless: (HUD definition)- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is - (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Housing first: (from the National Alliance to End Homelessness) A “housing first” approach rests on two central premises: 1) Re-housing should be the central goal of our work with people experiencing homelessness; and 2) Providing housing assistance and follow-up case management services after a family or individual is housed can significantly reduce the time people spend in homelessness. Case management ensures individuals and families have a source of income through employment and/or public benefits, identifies service needs *before the move into permanent housing*, and works with families or adults *after the move into permanent housing* to help solve problems that may arise that threaten their tenancy including difficulties sustaining housing or interacting with the landlord and to connect families with community-based services to meet long term support/service needs.

Housing plus: Refers to housing where residents are encouraged to accept support services necessary to help them maintain their housing. The term is another way of referring to “permanent supportive housing,” but puts the emphasis on “housing *plus* intensive service” for people with serious disabilities.

Literally Homeless vs. Permanently Supported Homeless: The term “literally homeless,” refers to persons who have no home to call their own and one of the following describes their situation: a) they have no shelter at all; b) they are in emergency shelters temporarily; c) they are in transitional housing temporarily (usually no more than two years); or d) they are in precarious housing and at imminent risk of losing it. The term “permanently supported homeless” refers to persons in “permanent supportive housing” who are at risk of becoming homeless again without this housing because of extreme poverty or serious mental and/or physical disabilities. The Metropolitan Washington Council of Government’s homeless services committee developed these terms to track more accurately the number of “homeless” as the public largely understands that term to mean people on the street or with no place of their own, who are part of the problem to be corrected, as contrasted to the number of persons who were once homeless but now are permanently housed with wraparound services, who are part of the solution.

Low-income is defined as at or below 80% of the area wide median income. For a single person in Washington, D.C low income is household income below \$39,950; for a family of four it is income below \$56,500.

Permanent Supportive Housing: (HUD definition): It is long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Point-in-Time Enumeration: This refers to a “snapshot” of the homeless population taken on a given day, and is different than a longitudinal enumeration that counts the number of persons who experienced being homeless for at least one day during an extended period (usually one year, or annually).

SRO: (HUD definition) — A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both.

Supportive services: (HUD): Services that assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Transitional housing: (HUD) — A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Very-low income is defined as at or below 50% of the area wide median income. For a single person in Washington, D.C very low income is household income below \$30,450; for a family of four it is income below \$43,500.

Appendix B

Moving Away from a Crisis-Based Approach Largely Made Up of Emergency Beds To a Continuum of Care System

THE LAST TEN YEARS Publicly-supported beds				
	<u>1994</u>		<u>2004</u>	
	Beds	%	Beds	%
Emergency 12-24 Hr	3,331	75%	2,891	40%
Transitional	744	17%	1,808	25%
Permanent Supportive	381	9%	2,543	35%
TOTALS	4,457	100%	7,241*	100%
*increase of 62% in number of beds available				
Overnight 12-hr				
Shelter** "Low-barrier shelter"	1,144	26%	1,171	16%
** a subset of emergency shelter beds				

Beyond Continuum of Care to a System of Community Care

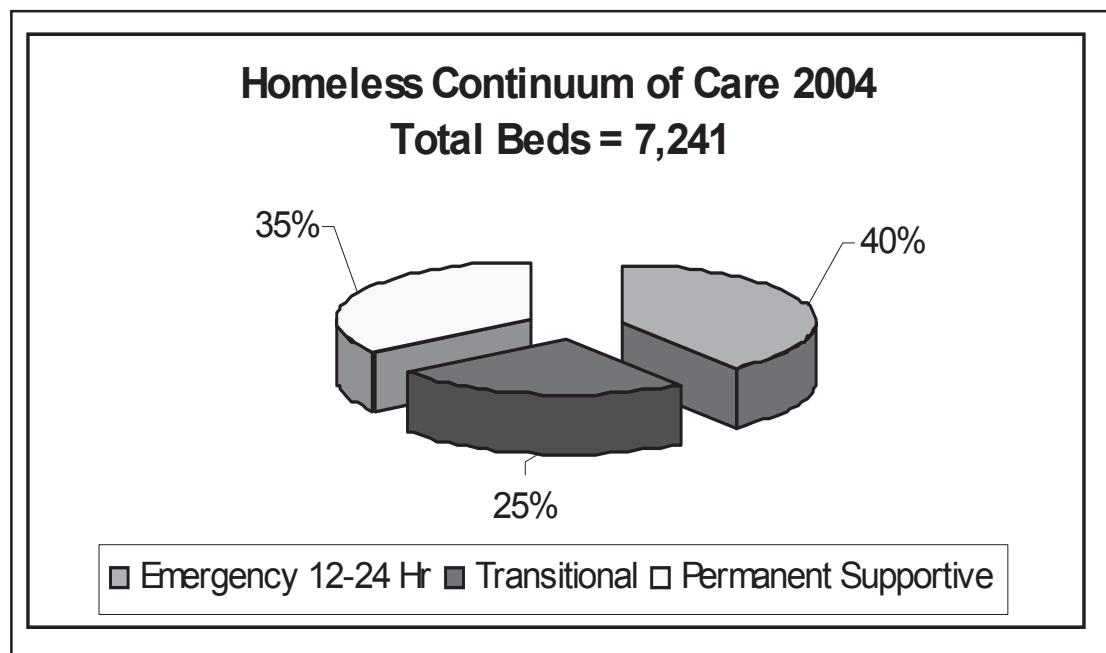
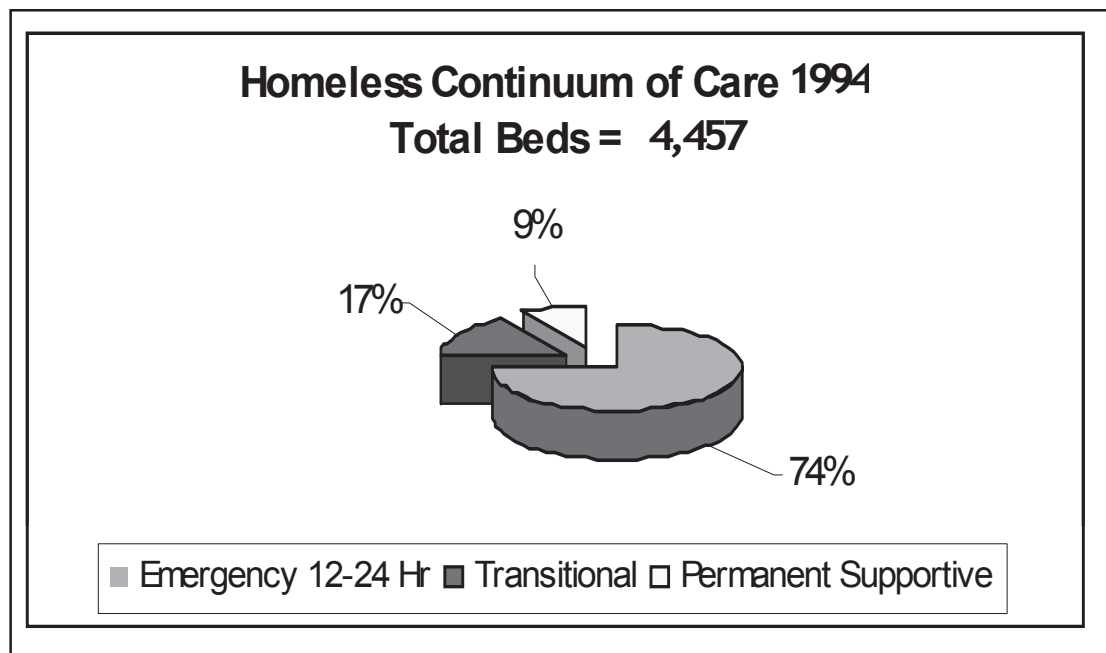
THE NEXT TEN YEARS		
Creating a neighborhood-based system of community care		
Easy-Access, Rapid Exit HACs	1,709 ^(a)	18%
Transitional Housing	1,808 ^(b)	19%
Permanent "Housing Plus" ("inside" the community care system)	6,193 ^(c)	63%
TOTALS	9,710	100%
Permanent Affordable Housing (Beds) ("outside" the community care system)	9,250 ^(d)	

Notes:

- (a) Emergency shelter beds cut by 40% after chronically homeless are housed. Average length of stay reduced to 45 days in rapid exit HACs; these beds can serve about 13,800 annually.
- (b) Transitional housing capacity remains the same although use of units will change over time.
- (c) Adds to 2,543 beds in 2004; 2,000 more beds for adults and 500 units (1,650 beds) for families.
- (d) 1,000 affordable units for adults and youth, and 2,500 units (8,250 beds) for families.

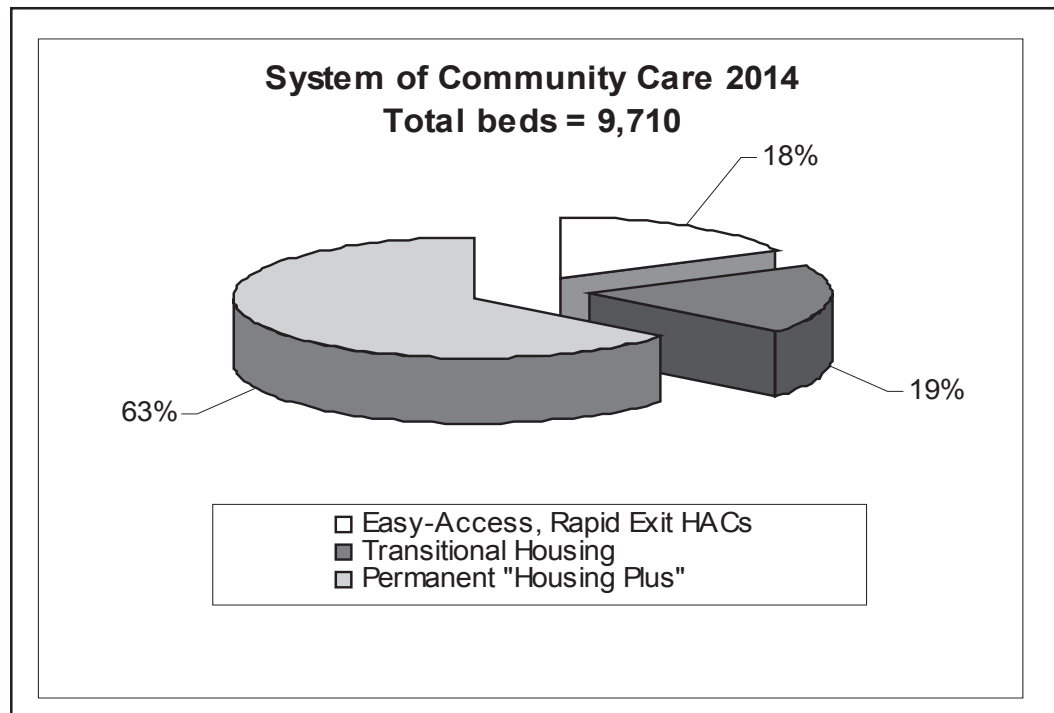
Appendix B (continued):

A Homeless Continuum of Care Becomes a System of Community Care,
Capable of Serving More People and Serving Them Better



Appendix B (continued):

**A Homeless Continuum of Care Becomes a System of Community Care,
Capable of Serving More People and Serving Them Better**



Appendix C

FY 2004-FY2006 Timeline of Shelter Replacements and/or Upgrades

The Focus Group planning process yielded a recommendation that by the end of FY 2006 the 720 beds in five year-round shelters be replaced with renovated facilities: Gales School (150), Randall School (170), Crummel Trailers Shelter (144) MLK Jr. Avenue Trailers (126), and La Casa Shelter (130). In addition, the 1,100 bed Federal City Shelter (which expands by 225 beds in the winter) would be renovated to keep it in service and protect the health and safety of its residents.

The DHS Capital Improvements Plan has earmarked \$35.3 million in capital funds to upgrade or replace low-barrier shelters, and to build SRO housing units by FY 2007 as part of replacing the shelter beds. The renovation of the Federal City Shelter (FCS) is expected to cost \$12.5 million. Some of the FCS renovation was completed in FY 2004 as space was created for the 100-bed John Young Shelter HAC for women and substantial improvements to other parts of the building were made, but much more will be done in FY 2005-FY 2006 as infrastructure (plumbing and HVAC), safety, and cosmetic improvements are made throughout the building.

The recommendations of the Joint Committee have been revised as each site was examined and the city created some new opportunities. The revised replacement plan now includes six renovated or newly constructed facilities with a total of 1,065 year-round beds (965 beds in five new facilities plus the 100-bed John Young Center for women at FCS) to replace the 720 beds in outworn facilities.

Proposed Buildout of New or Upgraded Facilities (Revised)				
	HAC congregate	Projected Completion	SRO	Projected Completion
NY Avenue HAC	360	<i>Complete</i>	N/A	N/A ^(a)
801 East Building @ St. E's	300	<i>Complete</i>	N/A	N/A ^(a)
Parcel 26/ New La Casa ^(b)	90	10/06	40	10/06
Gales School (Women) ^(c)	75	10/06	25	10/06
Site TBD in Downtown (Men)	50	10/06	25	10/06
Total	875		90	
Renovation of Federal City Shelter	1,100	12/05		

(a) The Joint Committee's plans for the NY Avenue and 801 East Building facilities called for SRO units to be built at these sites, but zoning does not allow it; thus the NY Avenue HAC and 801 East were increased in size as Homeless Assistance Centers.

(b) The replacement of the La Casa shelter with a new facility will require identifying a temporary site to be determined for these 130 beds while the new facility is built; the city is seeking to increase the 130-bed capacity for La Casa and related supportive housing to respond to the needs in the area.

(c) The Gales School is not large enough for the Child Assessment Center that was planned to go there, so the city plans to move the CAC to another location and renovate the Gales School as a downtown facility for women.

Appendix D

Mayor's Policy Academy Team (MPACT)

1. **Lynn C. French, Team Coordinator:** Senior Policy Advisor for Homeless and Special Needs Housing
2. **Dr. J. Stephen Cleghorn** - Deputy Executive Director - Community Partnership for the Prevention of Homelessness
3. **Brenda Donald** - Interim Director - Child and Family Services Agency
4. **Michael Ferrell** - Executive Director - Coalition for the Homeless
5. **Yvonne Gilchrist** - Director - Department of Human Services
6. **Philip Holman** - Chief of Policy, Government and External Affairs - DC Housing Authority
7. **Gregory Irish** - Director - Department of Employment Services
8. **Stanley Jackson** - Director - Department of Housing and Community Development
9. **Robert Johnson** - Senior Deputy Director for Substance Abuse - Department of Health
10. **Vincent Keane** - Executive Director - Unity Health Care, Inc.
11. **Michael Kelly** - Executive Director - DC Housing Authority
12. **Marti Knisley** - Director - Department of Mental Health
13. **William Knox** - Chief of Staff - DC Housing Authority
14. **Ricardo Lyles** - Acting Family Services Administrator - Department of Human Services
15. **Sue A. Marshall** - Executive Director - Community Partnership for the Prevention of Homelessness
16. **Kerwin Miller** - Director - Office of Veterans Affairs
17. **Keith Mitchell** - Director - Workforce Investment Council
18. **Frances Priester** - Department of Mental Health
19. **Mary Lou Tietz** - Executive Director - Community Family Life Services
20. **Chapman Todd** - Regional Director, Housing and Support Services - Catholic Charities
21. **Robert Trent** - Chief of Staff - Department of Housing and Community Development
22. **Bridgett Ware** - HOPWA/HIV/AIDS Administration - Department of Health
23. **Brian Wilbon** - Director - Office of Medicaid Public Provider Reforms

Participants:

Focus Group on Access to Housing for Homeless and Very Low Income City Residents (Focus Group)

Financing and Production Committee

1. **Stanley Jackson, Co-Chair** - DC Department of Housing and Community Development
2. **Charles Jones, Co-Chair** - Fannie Mae
3. **Leslie Carey** - DC Housing Finance Agency
4. **Jim Dickerson** - Manna, Inc.
5. **Wayne Dickson** - Central Union Mission
6. **David Erickson** - Samaritan Inns
7. **Lessie Powell Evans** - Enterprise Foundation
8. **Lynn C. French** - Office of the Deputy Mayor for Children, Youth, Families and Elders
9. **Jim Gibson** - Center for Study of Social Policy
10. **Masha Kogan** - Fannie Mae
11. **Michael Kelly** - DC Housing Authority
12. **Oramenta Newsome** - Local Investment Support Collaborative
13. **Ann Oliva** - Community Partnership for the Prevention of Homelessness
14. **David Pichette** - Transitional Housing Corporation
15. **Thomas Redmond** - DC Housing Finance Agency

16. **Marian Siegel** - Housing Counseling Services
17. **Deborah Stevenson** - Enterprise Foundation
18. **Bonnie E. Thomson** - Victory Housing
19. **Paul Weech** - Fannie Mae
20. **Stephanie Wiggins** - AFL-CIO Investment Trust

Joint Committee - Transition and Housing Types, Sites, Locations, Uses

1. **Robert Pohlman, Co-Chair** - Coalition for Nonprofit Housing and Economic Development
2. **Mary Lou Tietz, Co-Chair** - Community Family Life Services
3. **Scott Barkan** - Office of the Deputy Mayor for Planning and Economic Development
4. **Marnie Brady** - Neighbors Consejo
5. **Brian Carome** - North Star Project
6. **Dr. J. Stephen Cleghorn** - Community Partnership for the Prevention of Homelessness
7. **Linda Plitt Donaldson** - So Others Might Eat
8. **Robert Egger** - DC Central Kitchen
9. **Michael Ferrell** - Coalition for the Homeless
10. **Lynn C. French** - Office of the Deputy Mayor for Children, Youth, Families and Elders
11. **Patricia Mullahy Fugere** - Washington Legal Clinic for the Homeless
12. **Chet Gray** - Downtown DC Business Improvement District
13. **Fernando Lemos** - MiCasa, Inc.
14. **Mary Ann Luby** - Washington Legal Clinic for the Homeless
15. **Sue Marshall** - Community Partnership for the Prevention of Homelessness
16. **Gerald McCorkle** - US Veterans Administration
17. **Willa Morris** - Community Council for the Homeless at Friendship Place
18. **Cynthia Rowland** - DC Central Kitchen
19. **John Shetterly** - New Hope Ministries
20. **TJ Sutcliffe** - So Others Might Eat
21. **Bob Sweeney** - DC Agenda
22. **Chapman Todd** - Catholic Charities
23. **David Treadwell** - Central Union Mission
24. **Leslye Wooley** - Salvation Army

Social and Support Services

1. **Michael Ferrell, Co-Chair** - Coalition for the Homeless
2. **Martha Knisley, Co-Chair** - DC Department of Mental Health
3. **James Buford** - DC Department of Health
4. **Cornelle Chappelle** - Community Partnership for the Prevention of Homelessness
5. **Judith Dobbins** - Covenant House
6. **Linda Plitt Donaldson** - So Others Might Eat
7. **Lynn C. French** - Office of the Deputy Mayor for Children, Youth, Families and Elders
8. **Linda Kaufman** - DC Department of Mental Health
9. **Vincent Keane** - Unity Health Care
10. **Mary Ann Luby** - Washington Legal Clinic for the Homeless
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14. **James Parks** - DC Department of Human Services
15. **Nan Roman** - National Alliance to End Homelessness
16. **William Steward** - APRA, DC Department of Health
17. **TJ Sutcliffe** - So Others Might Eat
18. **Chapman Todd** - Catholic Charities
19. **Louvenia Williams** - Edgewood-Brookland Family Support Collaborative

HOMELESS NO MORE

